

# Declaration and Power of Attorney For Patent Application

## English Language Declaration

RPP:135 US

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

p53as **PROTEIN AND ANTIBODY THEREFOR**

the specification of which

(check one)

☐ is attached hereto.

☒ was filed on August 2, 1993 as

Application Serial No. 08/100,496

and was amended on \_\_\_\_\_

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby claim the benefit under Title 35, U. S. C., Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, U. S. C., Section 112, I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, C. F. R., Section 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)

(Filing Date)

(Status)  
(patented, pending, abandoned)

(Application Serial No.)

(Filing Date)

(Status)  
(patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(list name and registration number)*

Michael L. Dunn, Registration No. 25,330

Robert P. Simpson, Registration No. 33,034

Mark G. Bloom, Registration No. 35,068

Howard M. Ellis, Registration No. 25,856

Send Correspondence to: Michael L. Dunn  
Dunn & Simpson, P.C.  
P.O. Box 96  
Newfane, New York 14108

Direct Telephone Calls to: *(name and telephone number)*

Michael L. Dunn - Telephone: (716) 433-1661

Full name of sole or first inventor

Molly F. Kulesz-Martin

Inventor's signature

*Molly F. Kulesz-Martin*

Date

8-20-93

Residence

22 Meadow View Place, Buffalo, New York 14214

Citizenship

United States of America

Post Office Address

Same as above

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY  
STATUS (37 CFR 1.9(f) AND 1.27 (b)) - INDEPENDENT INVENTOR**

Docket No.  
RPP:135 US

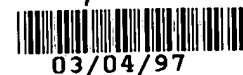
Serial No.  
08/100,496

Filing Date  
August 2, 1993

Patent No.

Issue Date  
70671 U.S. PTO  
08/811361

Applicant/ Molly F. Kulesz-Martin  
Patentee:



Invention: p53as PROTEIN AND ANTIBODY THEREFOR

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled above and described in:

- ☐ the specification to be filed herewith.  
☒ application Serial No. 08/100,496 filed 8-2-93  
☐ Patent No. issued

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☐ no such person, concern or organization  
☒ persons, concerns or organizations listed below\*

\*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CFR 1.27)

FULL NAME Health Research, Inc. (Roswell Park Memorial Institute Division)

ADDRESS 666 Elm Street, Buffalo, New York 14263

☐ Individual ☐ Small Business Concern ☒ Nonprofit Organization

FULL NAME

ADDRESS

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

FULL NAME

ADDRESS

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

FULL NAME

ADDRESS

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF INVENTOR Molly F. Kulész-Martin

SIGNATURE OF INVENTOR Molly F. Kulész-Martin

DATE: 8-20-93

NAME OF INVENTOR \_\_\_\_\_

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR \_\_\_\_\_

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR \_\_\_\_\_

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR \_\_\_\_\_

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR \_\_\_\_\_

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DATE: \_\_\_\_\_

NAME OF INVENTOR \_\_\_\_\_

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR \_\_\_\_\_

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR \_\_\_\_\_

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY  
STATUS (37 CFR 1.9(f) AND 1.27 (d)) - NONPROFIT ORGANIZATION**

Docket No.  
RPP:135 US

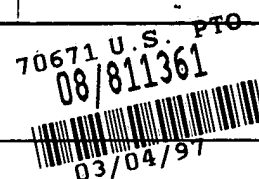
Serial No.  
08/100,496

Filing Date  
August 2, 1993

Patent No.

Issue Date

Applicant/ Molly F. Kulesz-Martin  
Patentee:



Invention: p53as PROTEIN AND ANTIBODY THEREFOR

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION: Health Research, Inc. (Roswell Park Memorial Institute Division)

ADDRESS OF ORGANIZATION: 666 Elm Street, Buffalo, New York 14263

**TYPE OF ORGANIZATION:**

- ☐ University or other Institute of Higher Education
- ☒ Tax Exempt under Internal Revenue Service Code (26 U.S.C. 501(a) and 501(c)(3))
- ☐ Nonprofit Scientific or Educational under Statute of State of The United States of America  
Name of State: Citation of Statute:
- ☐ Would Qualify as Tax Exempt under Internal Revenue Service Code (26 U.S.C. 501(a) and 501(c)(3)) if Located in The United States of America
- ☐ Would Qualify as Nonprofit Scientific or Educational under Statute of State of The United States of America if Located in The United States of America  
Name of State: Citation of Statute:

I hereby declare that the above-identified nonprofit organization qualifies as a nonprofit organization as defined in 37 C.F.R. 1.9(e) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the above-identified invention by the following inventors:

**Molly F. Kulesz-Martin**

described in:

- ☐ the specification to be filed herewith.
- ☒ Application Serial No. 08/100,496 filed 8-2-93
- ☐ Patent No. issued

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention.

If the rights held by the above-identified nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed below\* and no rights to the invention are held by any person, other than the inventor, who could not qualify as an independent inventor under 37 CFR 1.9(c) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e). \*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CFR 1.27).

FULL NAME Molly F. Kulesz-Martin

ADDRESS 22 Meadow View Place, Buffalo, New York 14214



Individual



Small Business Concern



Nonprofit Organization

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_



Individual



Small Business Concern



Nonprofit Organization

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_



Individual



Small Business Concern



Nonprofit Organization

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_



Individual



Small Business Concern



Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING:

Michael D. DeLellis

TITLE IN ORGANIZATION:

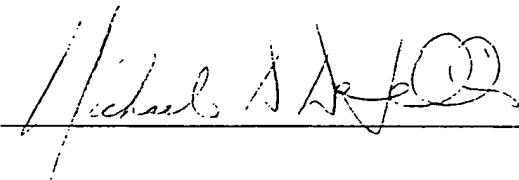
Director of Operations

ADDRESS OF PERSON SIGNING:

666 Elm Street

Buffalo, New York 14263

SIGNATURE:



DATE:

8/17/73